full trndcpt 131Dr Shankara Chetty speaks Out interview by Conell Loggenberg faceboo wake up channel mar2023_otter_ai.txt

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SUMMARY
Dr. Shankar Chetty, a natural science biologist and general practitioner, is being interviewed on his contributions to the understanding of the pathophysiology around COVID and treatments and vaccines. He has been practicing as a frontline doctor seeing COVID patients physically for the past three years. He was recently charged by the Health Professions Council of South Africa, his regulator as a medical practitioner, for misconduct, although he is surprised by the charges. The website of the Health Professions Council was down due to the pushback they received when the charges were announced, although it is unclear whether it was due to genuine maintenance or intentional disabling. Dr. Chetty is giving them the benefit of the doubt that it is genuine, although he will be sending them an email to ask if there is any truth to the charges. The conversation discusses a case of misconduct involving Shankar Chetty. He was accused of misconduct and the charge sheet stated he was found guilty, which he argued was defamation of his character before he had a chance to defend himself. He claims the accusations stemmed from a controversial video in which he gave his opinion and allowed patients to get a second opinion. He argued that he had the right to air his suspicions to the public as he was educated and informed on the subject. He used the example of a person who fell and bumped their head, and he had to suspect a concussion. The conversation is between a doctor and someone else discussing the doctor's opinion and assumptions being made, and how it relates to their code of conduct. The doctor explains that they are allowed to make assumptions based on what they have seen, and it is their opinion. The doctor also mentions the agenda of some people, and warns that the patient has the right to decline any treatments that are suggested. The doctor goes on to criticize the hierarchy in the medical field and how innovation and new thought is being suppressed by regulators and journals. The doctor concludes by explaining their diverse natural science background which gives them a different perspective of medicine. Doctor Roberts has been practicing medicine for over 20 years in Port Edward, far away from mainstream medical services. His practice was controversial from the beginning, but those who appreciated education and intellect stood by him. He has treated over 14,000 patients with good outcomes, and he has seen success with his regime. He has been blessed with the latitude to practice medicine the way he sees fit, and this speaks volumes of the success of his practice.

TIMESTAMPS

START OF TRANSCRIPT

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Naturally. Good afternoon, everybody. And good evening to those of you in South Africa. It's evening time I have here with me Dr. Chung Cara Chetty

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where he practices as Dr. You'll see his name is Shankar Chetty, we like to be on first name basis, I'm gonna get Shankar Chetty to introduce himself to you, those of you never met him never seen his face anywhere or heard of him. So you hear what it is that he do, what he does, and why he is here with me today, I'm gonna log questions for Shankara Introduce yourself.

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Thank you for having me and to the audience. My name is Dr. Shankar Chetty, I'm a natural science biologist and a general practitioner, medical practitioner. I've been practicing as a frontline doctor seeing COVID patients physically, myself, for the past three years. And with my science background, I've contributed to the understanding of the pathophysiology around COVID. And understanding treatment options that has moved on to understanding the vaccines and the adverse events we see. And hopefully will give us some input as to how to negate those problems. So that's the entirety of what I'm trying to achieve.

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Oh, brilliant. Is he trying to achieve I think you've already achieved quite a lot, especially with many of the people who hadn't known anything, only that many of us hadn't even heard of you many people, obviously, the information being suppressed, and being censored, et cetera, et cetera. But it's such a huge honor to have you here. As of late, as you said, much of the information you've

been trying to get out into the public domain.

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I have seen a video sent to me by one of our Facebook followers. Have you been interviewed on emca? On account of the allegedly being hauled before the health professions Council of South Africa, your regulator as a medical practitioner, for misconduct?

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Yeah, well, I'm waiting to see what those charges actually are. I'm quite surprised myself. So I'm very eager to make my court date and hear what's the accusations? Because they absolutely nonsensical. Yeah, yes. I imagine so I guess I try to go on to the website. And I know, Shabnam has gone and try and look at their website as well. And I think there's, there's a, there's an area where you could send an email to the Health Professions Council, South Africa, if you had any concerns, or any, any complaints you want to, but that feature had been disabled. And I also saw their website and sort of

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under maintenance or something. Now, I don't think they expected the pushback that they got after charging me. It will be available on the Thursday and the Friday when the charges came out. Everyone around the world heard about it. And by Monday, they were blocking emails to the hpcsa.

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Oh, yeah, that's the kind of thing

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that you would get

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when people tend to think that someone is alone, or they try to isolate you and then find out Okay, this one is not isolate taboo, and he's not on his own. But we don't know it might be to go to their website is generally genuinely down. But there are people who are pretty well skilled in fixing websites. So

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they do with me, I'll give them the benefit of the doubt.

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So I'll give them the benefit of the doubt to their website is genuinely under construction, and just send them an email. Maybe you go, Well, I will send them no, no doubt an email asking whether there is any truth. And Dr. Shankar Chetty being hauled for for misconduct? And if so, what the charges are, because that that obviously has to be in the public domain, because I wouldn't say because if I wouldn't go and see that doctor, I need to know whether he suspended or not, and what are you charging him with? Exactly. It is almost defamation. You see the charge itself canal states that have been found guilty. If you read the charge sheet, it says that you were found guilty of now contacted an attorney and he said, that's the way the health professions Council works, they find you guilty, and you gotta prove your innocence. So I said, Well, that's defamation of my character prior to me having an opportunity to defend myself. A few of the news outlets took that and ran as well. So I've had patients come in, concerned that I've been found guilty. And when they realize no, my case is coming up in me. Then they realized, okay, it's just an accusation. So yeah, I think it's a way to cover themselves

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Are they constitutional rights under Section 3535? Yeah, 3435 that

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the accusations that were leveled against me, stemmed from just one single video that was recorded. And it clearly in that video, it was a controversial video, no doubt. But I clearly stated before that it is my opinion, I clearly knew my opinion. And then I waited and gave them my opinion. Now all along, patients were allowed to go and get a second opinion. I don't understand why that's not the thing now. And then I mentioned as well, these are suspicions. And so I have the right to air my suspicions to the general public, because I come from a place of being informed and educated in the subject. So my opinion would be trusted. Now, I've made this example if you fell in bumped your head, and I had to suspect that you might have sustained a concussion. That's not an illegal assumption to make. I like that. And that's where that's that's what I look at it. I mean, I'm making an assumption based on what I've seen, and it's my opinion, I'm allowed to that opinion. But of course, I think we know there's a bigger agenda. And they're waiting to projects that agenda.

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And having that opinion is perfectly within the remit of your of your code of conduct. And you're allowed to practice as such, as after all, you have to make those decisions in as an independent, professional, because

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you're accountable for that. And that's why I say, if you're not happy with my opinion, go for it, get a second opinion, and

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they've been pushing protocols, right? You got to use remdesivir, you got to do this, you got to do that. But these experts here in South Africa, Dr. Karim Fauci, Anthony Fauci, if he feels a patient should take remdesivir, then he should put his money where his mouth is, and write it on a script for that patient on his letterhead. Nobody tells me what to put down on my letterhead, I am in charge of what I give my patient. So if he feels his medications better go write it on your ledger. So when the patient needs to sue

you, there is the document that proves you said it, you don't tell me what to write on my letterhead on my prescription pad, I write what I think is possible, not what you think is possible, then I'm going to have patients telling me what they aren't suggested and what the gardener suggested. And I'll have to write that.

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And, of course, the patient ordinarily has their right to decline anything because they did the health.

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The National Health Act in South Africa even makes provision for that that's already built into your code of conduct. The doctor in any case, that you should inform the patient of their right to decline if they decline. They don't have to take it. But

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this whole, this new narrative that has come to the fore seems to be undermining.

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Well, in my observation, undermining you, as a doctor that, that you now have questions being asked one, over your opinion to over your professional choice of prescribing treatment,

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and that it is not against the law. How does this not just make you feel, but also your professional view on this approach that you now even get from your regulator?

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I think I've been aware of this canal for from the time I became a doctor, that it's over regulated, the system of hierarchy is incorrect.

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innovation and new thought is suppressed. You've got a cabal of regulators determining the latitude of doctor's actions. You've got a cabal of journals, regulating what they take as scientific truths. So I've been a controversial doctor from the day I qualified. And I understood that if you had a different perspective, you would be ostracized. That was that happened to me from the day I started practicing medicine. You see, I have a diverse natural science background. And that gives me a very different perspective of medicine. Everything must make sense. So I don't follow rules. I follow nature. And if it makes sense, then I will institute those actions. And so it was very controversial from the start, but what I found in medicine, the people that actually thrive on, on education and intellect stood by me, but those that thrive on egos and standing

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They were always against me. So you get those people who will do everything to improve themselves to stand up above the crowd. And you get other people that cut down the crowd to make sure that they the last man standing. So I guess I know where to lay my hat in that. I'm lucky in that I, I work and live in Port Edward, which was purely by fate that arrived in this town 20 years ago. I'm very far away from mainstream medical services. So I have two other doctors in the town with a quaint little village surrounded by many rural areas. So I have a big diverse population. But I don't have mainstream medicine watching what I'm doing. So I've had the the latitude to practice medicine the way I see fit for the past 20 years. And I think that was a blessing.

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And it speaks volumes. I think you mentioned I can't remember the figure you mentioned. But how many patients you had treated? I stopped for

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over 14,000. That's right. And

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I mean, if that doesn't speak for itself, the reason I stopped counting at some point, yes. So being a doctor.

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It is it's rather baffling, how

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you treated over 14,000 patients with really good outcomes. And I know for instance of Doctor repeat PT who had also in a short space of time, he did over 3000 patients. And these are not just patients who come and give anecdotal

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feedback, but he had actually record of the success of the regime that he had followed. Now understand that you had also the method or

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approach to the Coronavirus disease and its symptoms and its presentation that you had surely shared that with physicians worldwide. You want to talk about that. And how has that had been received by the other medical, the medical? I think I think understanding Cornell understanding the journey, what I saw in the illness itself, will lend understanding to why I did what I did subsequently. Look, when COVID came I decided I was watching the world, and all the information that was coming from around the world before we had the first case. Now initially, I knew well, we're dealing with what people say is a viral infection in one that's spreading.

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It went to Italy, I knew I couldn't get decent information out of China. So I waited for it. And it spread to Italy. And then I started watching it there. I noticed in Italy, doctors were talking about hydroxychloroquine. And of course hydroxychloroquine. hydroxychloroquine is a well known antiviral, it's used by militaries around the world. It is a broad spectrum, General, antiviral. So if you want to throw something at a virus, and you're not sure hydroxychloroquine would be your choice. So I understood, and I use hydroxychloroquine eyes extensively in my practice to treat rheumatoid arthritis patients. So I'm well aware of its safety, its efficacy, all that kind of thing. So I saw this being used in Italy, but I saw the controversy brewing. And the controversy didn't make sense. Because I use this medication, it's safe, it's effective. Why would you not bring in concerns about its safety. Then when it was in Italy, when this was in Italy, I started looking at the clinical picture people were presenting with Now if you remember, at the time, they were saying people were breathless and dropping dead on the street and things like that. Yeah, then there was a there was a one of the doctors in Italy who did a video and said, I don't think ventilation is the right thing to be doing for these patients. So I realized some controversy around in the medical fraternity about understanding the illness itself, not and then the genome of the virus became known. They published the first sequence of the virus. And so I went in and looked at that, and I've got a background in genetics as well. So I looked at the sequence of the virus and I thought, well, I want to I want to an article that would compare it to its ancestry. Because when you compare something to its ancestry, it's almost identical. So I wanted to see where the change in this virus occurred. How did the bad Coronavirus start to infect human beings? And when I looked at the genome, clearly it had been spliced, and of sequence inserted into it. Now, that doesn't occur in nature, right? Yes, I saw a genetic sequence inserted into the virus. I knew I'm dealing with a lab made virus. There was absolutely no question about it. Whether it was intentional what the intention was, I didn't know. But there was one thing I knew this came from a lab it was not not a natural virus. Nature doesn't insert sequences. If it makes a mistake. It's always a single base pair point mutation, never a sentence into the book that

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changes the meaning of the book. Alright, so when I saw that I knew, Okay, I'm gonna have to figure out what's going on with the illness. Now with any illness, especially viral illnesses, you got to examine the patient, and look at how this evolves. You can't examine the patient 14 days after the start of symptoms and expect to get some understanding of why the patient is dying. Right. So I at that point, I realized the paucity of information around initial clinical presentation, the way the illness caused, the way the virus caused the disease, the way the body reacted to that disease, what led to the severity, why were people dying from it? Those were the important questions to be asked. And so I knew that my science background, and my understanding of medicine held me in good stead to figure that out if I examined patients from day one, and figured out how they got to that critical point of requiring ventilation. So I fell back on my feet, and my understanding of science. And I mentioned to my community that I will be available to them, they mustn't stress. And so when the first case arrived in South Africa, I think I was the only guy and excited to see COVID In my country. And so I pitched a tent in my parking lot outside my practice, so that I could use ventilation and sunlight. I structured it such so that I could triage patients. I've got a very old community as well that rely on me. And so I couldn't delineate and just make myself available for Coronavirus my entire practice to keep running. So I stuck a tent outside where I could examine and treat patients. I put in to seating areas outside one for positive COVID patients, one for COVID suspects so that they don't mix and everyone else that didn't have symptoms could come into my practice. And so I separated everyone on that basis. And so I was running between these, these two places, treated the non COVID patients inside my practice and all those suspects and COVID Outside the practice in the tent. I touched everyone I examined everyone. I want to know what was going on. I wasn't going to do tell him it was just about to ask given given the number of people that you had to deal with if you don't mind just interjecting in that point.

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You seen so many people and you set them apart and you saw these the people who prevented with Coronavirus, disease, all those symptoms, you saw them inside your surgeries or adornment that right now inside the tent inside the tent. So you had to be Have you developed any of those symptoms? Did you become sick at all? Well, in the first second and third wave I had none of my staff or myself got sick. Or when Omicron came around, I picked it up. I picked it up by teaching myself about over it and I must have had I think three or four micron infections now over the past two years that have passed so of my staff, we've treated it quickly timelessly none of us have had side effects. We all got over it. It has become endemic. And if you know how to treat it, you can negate any problems with repeated infections. And so did you mind sorry, social camera just to check that. So you said you tweeted yourself and you do some some new stuff is one that treatment involve one of these injections that they refer to as vaccines. These none of us are vaccinated. None of you had that. vaccinated. None of I'm not vaccinated, and a majority of my patients are not vaccinated. I've discouraged it before the vaccine was even developed. Now I'll explain why I say that. Look, what I found on the basis of what I found. Look, I knew that I'm going to have to examine every patient and understand what this illness is about. Right. So when every patient came in, everyone came in with a sore throat, body aches and pains a bit of fever, but they had no chest symptoms whatsoever. It was just a viral flu looked like it was upper respiratory in the throat. So I put them on medication, symptomatic treatment, just to get over it. Every single patient, by about the third or fourth day showed clear signs of recovery. Night the fever went away, they started eating again. I had patients where they got better within a day came that morning with a sore throat. By evening they were feeling better already. Now you know that all of us when we get that feeling like we're coming down with something, some of us it just blows up into bronchitis. Some of us you got a sore throat for a day and the next day you back to work you find. So the differences in our immune response play a part in that. So I saw every patient recover in that early phase, but some slower than others some very quickly. And then what happened was I told every patient I said look, I'm only interested in you getting breathless, that's what's killing people. So the day you get breathless you come back to me and I want to see it and

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I want to understand why you breathless what happened there. And I noticed every patient getting better and I thought, well, let's wait and see how this pans out. And then I've got the first patient come in breathless. Now when I got that first patient come in breathless, it was very unusual in that this patient. Now let's let's just what the timeline, you see what viruses, they have a timeline, when you get chickenpox, it starts off with a headache and a fever. You got no rash. After a few days of a headache and a fever, you start to develop the rash, the rash, then blisters and crusts and then a new crop comes out. And it keeps doing that for a few cycles until about 14 days later where you start to recover. So viral illnesses change as the disease progresses. So unlike a bacterial infection, when you walk into a doctor and you've got a bacterial infection, he doesn't have to know how many days it's there. He just got to throw an antibiotic at it and it will die. Whereas a viral infection evolves. And so a treating a patient with chickenpox on the first day is very different from treating a patient with chickenpox on the last day. So you got to understand how this virus evolves. So I knew I'm going to have to watch how the disease progresses in every patient. So when that first patient came in breathless,

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he came in exactly to the day a week later.

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So I kept a track, right. So I have seen him on a particular day last week, he mentioned that he had improved and thought he had

recovered.

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The day before he came to me breathless, he was completely well, no signs of illness at all. He thought he was done. That morning, he got up and he was feeling tired. By lunchtime, he started noticing he's getting breathless, and he came to me. By that afternoon, he needed oxygen.

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Right? So I realized I'm dealing with something very unusual. And pneumonia doesn't get better. Neither does a pneumonia start in the morning. And by the evening you need hospitalization. So clearly I was not dealing with the pneumonia, right? By about and I knew that steroids would help me. So when this guy came in on that, that eighth day, I put him on a steroid. And I'm monitoring him. And I found him every day. And after about three days, he was reasonably well on the path to recovery. So I thought, okay, steroids are working. Then what happened was the next patient came in breathless, and I did the same. And it was exactly his eight days. Well.

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So I thought strange, exactly a week later, you're getting breathless?

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Do you mind me asking what types of steroids do you refuse to ordinary prednisone, it's rural community. It's cheap, it's effective. It's something that I use often. So I use the prednisone. When the second patient came in, I looked at it again, and yet very much the same thing. He got ill, he thought he got better. And suddenly, on that eighth day of his illness, he just wasn't, he suddenly got new symptoms. And they by the evening, it was breathless. So I looked at this, and I thought, you know, I'm dealing with a biphasic illness yet, but it's not affecting everyone. About 10 to 15% of patients seem to be having the second part, the others recovered and stayed recovered. It was the small percentage that recovered and suddenly had a second part to things. Now, with the speed at which that second pots came on. And the decompensation happened, there are only two things that would kill you in such a short space of time. One is a severe reaction, allergic reaction to something you're allergic to. So if you had a peanut and you're allergic to peanuts, and I don't treat you within a day or two, you die.

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Or it can be an envenomation, both allergy or envenomation. gone untreated, and both require quick, aggressive intervention. Right. So when I looked at it, I thought, well, I've made virus, maybe a venom, but I can't tell the world that so let's call it an allergic reaction and move on. So by about the fourth patients that presented with this kind of symptom, now we know how to treat allergic reactions. So simple thing, you put the patient on a steroid to reverse the reaction, and then you use antihistamines and Montelukast and aspirin. So you mopping up all these mediators that got split. So when a patient has a reaction and allergic reaction, there's a sudden mast cell degranulation. And that degranulation Those chemicals that come out, start to cause all the problems. So if you want to stop the problem, you use the steroid to turn off that tap and then you use all these other medications to mop the floor and stop the itching and you know, all that kind of thing. Now, this is well known in medical science, it's not something this is not rocket science. So by about the fourth patient, I looked at it and I thought, you know, I'm dealing with an allergic second phase here. And so I thought, well, to prove it, I know that a steroid takes three days or to start

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see a significant improvement in the patient. So I wanted to do a therapeutic trial of an anti histamine with that, because that's what makes the difference in analogy. So I had a patient come in with about a 70% saturation. On the age of illness. Remember, the longer you wait to catch the illness, the more mediators you're going to be dealing with. This is something that will spiral out of control. Day by day, the situation will change. So she came in on the eighth day, she was breathless, 80% sets obese diabetic. And so I gave her the steroid. I knew it's going to take two or three days to show some benefit. But I gave him the steroid and I gave her a kiddies dose of a drug called promethazine. Finnegan,

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a 10 milligram Finnegan I gave her three tablets, I said, you take one now you take one at lunchtime and take one this evening. And I want to see whether that improves your time to recovery. And so I phoned her the next day to see how she's doing well, when she came in, someone had to bring her in. She was so breathless. When I found her the next day, she was bouncing around washing the dishes.

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And she was shocked. My staff were shocked. How the hell did she recover? So I explained to her I said, you know, you only had a day of antihistamines. If you don't continue, it's going to rebound. So I left her to rebound a wonder. The following day, the breathlessness came back. And she contacted me and she said, I'm breathless again. I said come in. And I gave her the full course of the anti histamine and promptly soon as I started it, the next day, she was fine. And she recovered completely. So I realized that the second part of COVID is an allergic reaction to some kind of viral debris. But the virus itself was not the issue because everyone showed a strong natural immune response and recovered from the virus easily. But when the virus died and the way exposed to the debris, it triggered this response. And I needed to know who was the allergic bottom line. It's an allergy. Now, how ivermectin came into this picture, ivermectin actually started first in my kit. You see, with ivermectin

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we used to treat file area with antibiotics. But the problem we're treating file area, it's a lung parasite. And when the old anti parasitic skills, the parasite that did parasite triggered an allergic response in people's lungs, and they died of the allergic reaction, not the parasite. So I looked at it and I thought, well, I got a dead bloody virus doing the same thing in people's lungs. Now, when ivermectin came out, ivermectin became the gold standard to treat file area, simply because of its immunomodulatory benefit. That means it could kill the parasite, and it could prevent the allergic reaction. And so it became the standard of treating file area. So when I looked at ivermectin, I thought, well, this is a drug that could work because it's got the immunomodulatory benefit. And so I went to the vet across the road, we had a long discussion. Look, I had other medication, I knew how to treat this. I was just looking at other ways what what else is there, and if I get speed to recovery teaches me about what the underlying problem is. So I got 10 ivermectin tablets from him, and I saved lives with it. And I realized, well, I'm on the right track. This is pulmonary eosinophilia. And IV maintenance, clearing it. And so I from the start, I knew I'm dealing with an allergic process. And that's the reason I was different in that. I looked at the pathophysiology around it, I didn't just take a drug, throw it at it and say it worked. We've got to do that. I

understood why every drug was working. And so through the first wave, I went through about 500 Odd patients. Of them, I had many that were critically ill, again, no hospitalizations, no deaths, no need, I didn't even need oxygen, because by the next day, we're breathing fine. I didn't need oxygen. I actually I have patients where within four hours, the breathlessness was gone, yet they were critically breathless. Now remember, when you start with the beam, and I start to treat you, I want to make sure you're already feeling better before you leave. So it's a reaction that's going in that direction. I want to make sure I turned it around and made it go in that direction before I take my eyes off you. And that's what I did when my patients treated them. Call them the next day to see whether the the treatment was aggressive enough. If it was continue. And I want I plotted when I'd expect to complete clinical recovery, which was usually two or three days. Those that showed the worsening I became even more aggressive with him till I managed to turn it around. You must show me that by tomorrow. You feeling better? And I know I'm aggressive enough. So the dosage of steroid all that became absolutely important in understanding this. Then what happened? Cornell, my stuff live in the rural areas. And they were seeing people dying like flies. And they came to me and they said, Look, you're having these miraculous recoveries. It's crazy. You need to write an article. You need to tell the world about what you've discovered.

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And I had a laugh that very day with my secretary and I said, You do know that you're asking me to take on the World Health Organization, and the regulatory powers that be, and you do understand this is going to be a global fight if I do what I need to do, because I knew that if I write this article, I will do it from a very academic standpoint, I don't see the need to prove my success to these bogus custodians of knowledge, I wasn't gonna go down that road and have them assess my work. I didn't, they're not my peers. And so I wrote the article, put the science into it explained exactly what I was seeing and what the implications of that were for the future. I sent it to every journal I could think of around the world. I sent it to the health minister, to all the government officials. So I tried to cover as many people as I could, at the end of the day, this is information that could have negated the pandemic completely.

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